

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Brad Ashford for Congress			
ADDRESS (number and street) PO Box 24023			
CITY, STATE, and ZIP CODE Omaha NE 68124			
2. NAME OF CANDIDATE Brad Ashford	3. OFFICE SOUGHT (State and District) House NE 02		4. FEC IDENTIFICATION NUMBER C00557181
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC) 1120 Connecticut Ave NW Ste 600 Washington DC 20036-3971	Transaction ID : VNJ61EG36F5 Occupation	04/29/2016	2500.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN HOSPITAL ASSOCIATION PAC 800 10th St NW TWO CITYCENTER, SUITE 400 Washington DC 20001-5188	Transaction ID : VNJ61EG36G3 Occupation	04/29/2016	1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Robert Colburn 4661 Sunningdale Dr Bloomfield Hills MI 48302-2457	Transaction ID : VNJ61EG2956 Occupation	04/29/2016	1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE KIDS PAC 2 Brighton St Fl 2 Belmont MA 02478-4008	Transaction ID : VNJ61EG36J9 Occupation	04/29/2016	2000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Marijuana Policy Project PAC PO Box 77492 Washington DC 20013-8492	Transaction ID : VNJ61EG36D9 Occupation	04/29/2016	1000.00

SIGNATURE (optional) Frank Barrett <div style="text-align: right;">[Electronically Filed]</div>	DATE 04/30/2016	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH) 9900 Bren Rd E Minnetonka MN 55343-9664			
Name of Employer Transaction ID : VNJ61EG36E7 Occupation		Date (month, day, year) 04/29/2016	
Amount 2500.00			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year)	
Amount			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year)	
Amount			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year)	
Amount			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer Occupation		Date (month, day, year)	
Amount			